

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>JD</i>		06/28/01
O.I.P.E. CLASSIFIER		49	7/9/01
FORMALITY REVIEW	<i>SI</i>	215	7/20/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- ✓ Rejected
- Allowed
- (Through numeral) Canceled
- +
- Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Final	Original	Date
1	✓	✓	06/19/01
2	✓	✓	06/19/01
3	✓	✓	06/19/01
4	✓	✓	06/19/01
5	✓	✓	06/19/01
6	✓	✓	06/19/01
7	✓	✓	06/19/01
8	✓	✓	06/19/01
9	✓	✓	06/19/01
10	✓	✓	06/19/01
11	✓	✓	06/19/01
12	✓	✓	06/19/01
13	✓	✓	06/19/01
14	✓	✓	06/19/01
15	✓	✓	06/19/01
16	✓	✓	06/19/01
17	✓	✓	06/19/01
18	✓	✓	06/19/01
19	✓	✓	06/19/01
20	✓	✓	06/19/01
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25	✓	✓	06/19/01
26	✓	✓	06/19/01
27	✓	✓	06/19/01
28	✓	✓	06/19/01
29	✓	✓	06/19/01
30	✓	✓	06/19/01
31	✓	✓	06/19/01
32	✓	✓	06/19/01
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42	✓	✓	06/19/01
43	✓	✓	06/19/01
44	✓	✓	06/19/01
45	✓	✓	06/19/01
46	✓	✓	06/19/01
47	✓	✓	06/19/01
48	✓	✓	06/19/01
49	✓	✓	06/19/01
50	✓	✓	06/19/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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